

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No.  
**08 / 701224**  
Filing Date  
Applicant(s)

		CLAINS					
AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
INCL	DEP.	INCL	DEP.	INCL	DEP.	INCL	DEP.
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49							
50							
TOTAL FILED	8		6	8	6	8	
TOTAL DEP.	8		6	8	6	8	
TOTAL CASH	14						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS